

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10762965

FILING DATE

1-23-04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12	/					
13	/					
14	/					
15	/					
16	/					
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30	/					
31	/					
32	/					
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		2				
43		2				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	9					
TOTAL DEP.	49					
TOTAL CLAIMS	58					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
62		/				
63		/				
64		/				
65		/				
66		/				
67		/				
68		/				
69		/				
70		/				
71		/				
72		/				
73		/				
74		/				
75		/				
76		/				
77		/				
78		/				
79		/				
80		/				
81		/				
82		/				
83		/				
84		/				
85		2				
86		2				
87		2				
88		2				
89		2				
90		2				
91		2				
92		2				
93		2				
94		2				
95		2				
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		71				
TOTAL CLAIMS		71				